



access to
HEALTHCARE

Employer Insurance Verification

Date: _____

To whom it may concern:

_____ has applied to Access to Healthcare to participate in our Medical Plan. For eligibility purposes, we need to determine whether this potential member is offered employer benefits, and if so, the parameter of those benefits. This letter along with your business card are required to continue with the eligibility process. Your promptness is greatly appreciated.

Please complete the following questionnaire and attach your business card.

1. Does your company provide health insurance? ☐ YES ☐ NO
2. Is/will this client be eligible for health insurance benefits? ☐ YES ☐ NO
 - a. If yes,
 - i. When can the client enroll? Date: _____
 - ii. When will the client receive coverage details? Date: _____
 - iii. When will the client be eligible for coverage? Date: _____
 - iv. If known, what would be the client's monthly premium? \$ _____
3. Does your insurance plan provide drug coverage? ☐ YES ☐ NO
 - a. If yes,
 - i. What are the co pays? \$ _____
 - ii. If there is a deductible, how much is it? \$ _____
 - iii. Is there an out of pocket maximum? \$ _____
 - iv. If there is a maximum benefit amount, how much is it? \$ _____

Thank you in advance for your cooperation.